

## Licensees' addresses of record go online December 1, 2003

**IMPORTANT NOTE:** A licensee's address of record is the address to which all licenses, permits, license renewal notifications, newsletters, other publications, and correspondence from the Board is mailed. This information is considered public information. Your address of record is the address printed on your license, unless you have subsequently notified the Board of a change in your address after the license was mailed to you.

All Board licensees' addresses of record will become available to the public on the Board's Web site on September 1, 2003. This is the same information provided online by other health profession (physicians, dentists, therapists) regulatory boards, pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.).

## Changing Your Address of Record

If your address of record with the Board is your residence address, and you don't wish it to be available to the public, you may change it by providing the Board with a post office box number or a personal mail box (PMB). However, if you change your address of record to a box number, you must also provide your residence address, which will not be available to the public.

If you list your business address as your address of record, remember that all mailings from the Board will go to that address. For some, depending on a business address for licensee renewal notifications, licenses, and other mailings from the Board may be problematic, especially for receiving personal mail. For example, if you are employed in a large hospital complex with several pharmacies, opportunities for lost mail could exist. Also, using a business address would require you to change your address of record with the Board every time you change your place of employment.

To change your address of record, please complete and fax the following form to (916) 327-6308 or mail to the Board of Pharmacy, 400 R Street, Suite 4000, Sacramento CA 95814-6237.

### CHANGE OF ADDRESS (Please print)

Name: \_\_\_\_\_ License # \_\_\_\_\_  
(Please include license type: RPH, TCH, INT, etc.)

Social Security Number: \_\_\_\_\_  
(For purposes of identification only)

Old Address: \_\_\_\_\_  
\_\_\_\_\_

#### Address of Record

New address: \_\_\_\_\_  
\_\_\_\_\_

Note: If the new address of record is a PO box, PMB, or a business address, please enter residence address below. Your address of record will not be changed if no current residence address is entered.

#### Residence Address

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(For address change acknowledgment)